

## Self-Report for Relapse

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date (s) involved in relapse incident: \_\_\_\_\_

1. Did you tell someone else about your relapse within 24 hours? \_\_\_\_\_  
Who? \_\_\_\_\_
2. Was another individual harmed in any way? \_\_\_\_\_  
How? \_\_\_\_\_
3. Is a law enforcement agency involved? \_\_\_\_\_
4. Did you notify URAP of your relapse? \_\_\_\_\_ How long did it take to do so?  
\_\_\_\_\_
5. Is this your first incident of relapse? \_\_\_\_\_ If no, how many have you had  
since entering into your Agreement with URAP? \_\_\_\_\_
6. What, how much, how often and how long did you use this time? \_\_\_\_\_  
\_\_\_\_\_
7. When was your sobriety date? \_\_\_\_\_
8. What triggered this relapse? Be very specific please.  
\_\_\_\_\_
9. What was your recovery program after completing your treatment program?  
\_\_\_\_\_
10. What elements of your recovery program might have been neglected for a  
few months before your relapse?  
\_\_\_\_\_  
\_\_\_\_\_
11. What has this experience taught you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. What changes to you intend to make in your life in the immediate future and  
in the long  
term? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What consequences would you suggest the Committee impose?  
\_\_\_\_\_  
\_\_\_\_\_